

**QUALITY STANDARDS LIST FOR HEALTH FACILITIES
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QUALITY STANDARDS LIST FOR HEALTH FACILITIES



The Department of Health's (DOH) Quality in Health (QIH) Program seeks to institutionalize Continuous Quality Improvement or CQI in health care in order to create health impact in terms of health promotion and diseases prevention and control. Sentrong Sigla Certification has been identified as one of the components and strategies of this program. The quality standards cover total systems quality for outpatient care and public health services graduated into three levels. This quality standards list (QSL) covers the basic certification level or Level 1. The next higher levels of specialty award and award for excellence, Levels 2 and 3 respectively, have their own standards lists. Aside from the QSL, other tools available for use of the health facility staff are the Supervisory Forms (SF) and the Facility Certification Form (FCF).

PURPOSE The Quality Standards List (QSL) is the over-all reference document for Sentrong Sigla certification of health facilities. It is a list of the basic standards and requirements that are necessary to ensure that a health facility is providing quality health services. The QSL concentrates on several key areas and programs and lists the minimum requirements for each. The QSL measures health facility performance relative to the availability of resources ("input") as well as actual service delivery ("process") and performance ("output").

The QSL may be used as a self-assessment tool by health facility managers and service providers to determine their potential to deliver quality health services. The results of such an exercise may be used by the local government in planning for health facility improvement and for resource mobilization.

ORGANIZATION The QSL is divided into three (3) main parts: Part 1 is the listing of the quality standards; Part 2 is the quality standards list with their verification steps, and; Part 3 is the list of appendices. The standards list (Parts 1 and 2) is further subdivided into four sections: Facility and Systems, Integrated Public Health Functions, Basic Curative Services Function and Regulatory Functions. Two of the sections, Facility and Systems and Integrated Public Health Functions, are further subdivided into sub-sections.

The QSL is organized as follows:

- Standard statements are preceded by an identifying notation (Parts 1 and 2).
- Each standard statement is followed by a verification step or steps (Part 2). The verification step/s is/are the means by which the standard is best evaluated. There are verification statements that have been incorporated in the FCF and a corresponding notation is placed in the right lower corner. This notation refers to the FCF section and item number where this is cited.

When the verification step requires the use of an additional tool or reference material, the said material has been incorporated as an appendix unless otherwise stated. The Appendices have been arranged in the order by which they have been cited in the QSL.

Pagination of this document is as follows: Parts 1 and 2 (the Quality Standards List) are paginated with Roman Numerals (i.e. 1, 2, 3, 4, etc.) while Part 3 or the List of Appendices is paginated with Roman Numerals preceded by the letter A (i.e. A-1, A-2, A-3, etc.).

Section heading	I. FACILITY AND SYSTEMS (FS) Goal: To ensure that the health facility is appropriately equipped, with sufficient manpower, adequate logistics and organized procedures to efficiently and effectively: <ul style="list-style-type: none"> ○ Promote core public health programs ○ Prevent and control core public health problems ○ Provide basic curative services and ○ Provide a safe, functional and effective environment for clients, patients and health facility staff
Sub-Section heading	A. Basic Infrastructure, Personnel, Logistics and General Procedures FS 1 The health facility, including its immediate premises, is generally clean and orderly. Verification: Direct observation of the cleanliness and orderliness of the facility. Cleanliness to be evidenced by the following: no garbage or rubbish in and around the health facility; no offensive odor from toilets, cabinets, etc; no garbage or “ <i>kalat</i> ” even inside cabinets and under tables, no mosquito or “ <i>kiti-kiti</i> ” breeding places. Orderliness to be evidenced by the practice of 5S - sort, systematize, sweep, standardize, and self-discipline; no clutter, and; files or forms are easily accessible.
Quality Standard number	FS 2 The health facility is well-ventilated and well-lit. Verification: Direct observation of the following: <ul style="list-style-type: none"> ○ Illumination in the areas and rooms is sufficient to carry out daily activities and no special effort required in order to see well. ○ The room temperature feels comfortable anywhere within the health facility. ○ There is good inflow and outflow of air.

Quality Standard statement

I-1

FCF location

Verification step

HOW THIS FORM COMPLEMENTS OTHER TOOLS AND INSTRUMENTS OF SENTRONG SIGLA This form is part of an overall effort designed to support facilities in their efforts to improve the quality of their services. Other tools include:

- 1) The *Facility Certification Form (FCF)* is a tool that measures a health facility's performance relative to standards from the QSL, and
- 2) The *Supervisory Form* is a guide for the Rural Health Unit (RHU) supervisor (usually the nurse) in conducting supervision sessions with a supervisee (the RHU midwife).

Part 1: QUALITY STANDARDS LIST

(Quality Standard numbers in ***bold italics*** are those found in the Facility Certification Form)

I. FACILITY AND SYSTEMS (FS)	
A. Basic Infrastructure, Personnel, Logistics and General Procedures	
FS 1	The health facility, including its immediate premises, is generally clean and orderly.
FS 2	The health facility is well-ventilated and well-lit.
FS 3	The health facility has power source.
FS 4	The health facility has a permanent and adequate water supply.
FS 5	The health facility is free from structural hazards.
FS 6	The health facility has well defined, adequate and properly labeled areas to deliver basic services.
FS 7	The health facility has a functioning and accessible toilet and sinks for use of clients and health staff.
FS 8	The health facility has the required category of personnel delivering services consistent with their functions.
FS 9	The health facility has the correct number of staff required to provide all services to their catchment area/estimated population, per national/WHO norms.
FS 10	The health facility has the basic functioning equipment, supplies and drugs/medicines available at all times.
FS 11	The health facility has communication equipment available in the facility or has access to it.
FS 12	The health facility has on display an organizational chart, with photo of staff, showing lines of authority and position.
FS 13	The health facility has on display the facility's clinic hours, a list of services provided with schedule, and whereabouts of staff.
FS 14	The health facility has available copies of national laws, policies, protocols, guidelines, or manual of procedures.
FS 15	The health facility has a proper waste disposal system.
B. Planning System	
FS 16	The health facility has on display the statements of its Vision/Mission and health staff are aware of these statements and communicate these to clients.
FS 17	There is an annual operations plan (AOP) or its equivalent that should include the core public health areas.
FS 18	The health facility has a system for tracking plan implementation.
C. Health Information System/Management Information System	
FS 19	The health facility has basic health and management information following FHSIS, Disease Surveillance and core programs recording and reporting protocols.
FS 20	The health facility utilizes the management/health information system to ensure the delivery of timely and appropriate services.
D. Human Resource Development	
FS 21	The health facility staff meets the required training requirements to deliver and manage the four (4) core public health programs.
E. Logistics System	
FS 22	The health facility has a system to identify, request and allocate the required drugs, equipment and supplies.
FS 23	The health facility has a system for stock monitoring and maintenance of minimum stock level for logistic requirements of the four (4) core public health programs.
FS 24	The health facility has a clearly written policy (or procedures) on proper utilization of logistics and equipment that is being complied with by the health staff.
FS 25	The health facility staff observes proper handling and storage of medicines, drugs, vaccines and other supplies.
FS 26	The health facility has a designated person who conducts monthly inventory of drugs, medicines and supplies and has an annual inventory of instruments and equipment.
F. Supervisory System	
FS 27	The health facility has an appropriately trained person responsible for supervising health staff.
FS 28	The health facility supervisor has a supervisory plan.
FS 29	The health facility supervisor uses the Sentrong Sigla Supervisory form.
FS 30	The health facility supervisor uses effective supervisory approach.
FS 31	The health facility supervisor is perceived to be helpful and effective.

G. Quality Assurance	
FS 32	The health facility has a client feedback system in place.
FS 33	The clients are satisfied with the health services received.
H. Community Support System	
FS 34	The health facility has a network of volunteer health workers who assist in service delivery.
I. Referral System	
FS 35	The health facility has a functional two-way referral and networking system for cases that exceed the health facility's capabilities.
II. INTEGRATED PUBLIC HEALTH FUNCTIONS (IPH)	
A. Safe Motherhood and Family Planning (SF)	
SF 1	The health facility has plans and activities for pre-pregnancy preventive and promotive services for women of reproductive age (15-49 years old).
SF 2	The health facility staff is able to provide appropriate prenatal care to pregnant women.
SF 3	The health facility midwives are able to provide appropriate natal care.
SF 4	The health facility staff has a system to detect defaulters in prenatal and postpartum care.
SF 5	The health facility staff is able to provide appropriate postnatal care.
SF 6	The health facility midwives are able to detect and manage complications of pregnancy at various stages.
SF 7	The health facility staff reviews maternal deaths.
SF 8	The health facility staff encourages pregnant women to have their family support them in proper maternal nutrition, physical activities, and planning for her labor and delivery.
SF 9	The health facility staff conducts community level activities and advocacy campaigns on safe motherhood to include family planning.
SF 10	The health facility staff has a positive attitude towards family planning and responsible parenthood.
SF 11	The health facility staff provides clients information on family planning.
SF 12	The health facility staff provides family planning services to clients/couples according to their reproductive health intentions or refers them to appropriate facilities.
SF 13	Couples currently using family planning methods are using the method correctly.
SF 14	The health facility staff provides FP counseling/services to couples in the community to include information on a wide range of FP methods.
B. Child Care (CC)	
CC 1	The health facility staff is doing active masterlisting of infants (0-11 months old).
CC 2	The health facility staff provides appropriate newborn care
CC 3	The health facility staff vaccinates infants according to the DOH immunization schedule.
CC 4	The health facility staff follows-up infant immunization defaulters.
CC 5	The health facility staff provides appropriate child nutrition services.
CC 6	The health facility staff provides the following preventive and promotive child care services: <ul style="list-style-type: none"> o Oral health (e.g. tooth brushing, sealant, fluoridation, annual dental check-up) o Monitoring and stimulation of psychosocial development o Auditory and visual screening
CC 7	The health facility staff provides children 10-18 years old the following appropriate information: <ul style="list-style-type: none"> o Healthy diet and physical activity o Disease prevention and control o Dangers of drugs, tobacco and alcohol o Fertility awareness o Awareness on physical, emotional and sexual abuse
CC 8	The health facility staff knows the standard protocol for management of sick children.
CC 9	The health facility staff correctly assesses, classifies, treats sick children and gives advice to mothers/caregivers.

C. Prevention and Control of Infectious Diseases (IPC)	
IPC 1	The health facility staff has appropriate knowledge of the basic concepts and principles of prevention and control of infectious diseases.
IPC 2	The health facility staff is able to identify and manage infectious diseases.
IPC 3	The health facility staff employs strategies aimed at infection prevention and control at the community level.
D. Promotion of Healthy Lifestyle (HL)	
HL 1	The health facility staff has a good attitude on healthy lifestyle and recognizes and accepts the value of healthy living.
HL 2	The health facility staff knows and communicates what is healthy lifestyle in terms of diet, physical activity, smoking and alcohol abuse.
HL 3	The health facility staff conducts health education and other activities to promote healthy lifestyle with community participation.
HL 4	The health facility staff provides counseling and other support services to identified at-risk clients to modify and improve their lifestyle.
HL 5	Clients know the difference between healthy and unhealthy lifestyle.
III. BASIC CURATIVE SERVICES FUNCTION (BC)	
BC1	The health facility has written standard operating procedures (SOP) on the provision of basic curative services.
BC 2	The health facility staff obtains and performs a thorough and systematic clinical history and physical examination on all clients who come to the health facility.
BC 3	The health facility staff uses existing and accepted treatment algorithms to provide basic curative services.
IV. REGULATORY FUNCTIONS (RF)	
RF 1	The health facility has knowledgeable and qualified personnel in-charge of implementing the relevant health laws/regulations.
RF 2	The health facility staff is involved in the passage of local health ordinances that are consistent with DOH policies and guidelines particularly concerning dengue rabies and other endemic infectious diseases.
RF 3	The health facility has written standard operating procedures/protocols in place to implement national and local health laws/regulations.
RF 4	The health facility staff demonstrates compliance with specific health laws.
RF 5	The health facility staff monitors their regulatory activities.

Part 2: QUALITY STANDARDS LIST and VERIFICATION STEPS

I. FACILITY AND SYSTEMS (FS)

Goal: To ensure that the health facility is appropriately equipped, with sufficient manpower, adequate logistics and organized procedures to efficiently and effectively:

- Promote core public health programs
- Prevent and control core public health problems
- Provide basic curative services and
- Provide a safe, functional and effective environment for clients, patients and health facility staff

A. Basic Infrastructure, Personnel, Logistics and General Procedures

FS 1 The health facility, including its immediate premises, is generally clean and orderly.

Verification: Direct observation of the cleanliness and orderliness of the facility.

- Cleanliness to be evidenced by the following:
 - no garbage or rubbish in and around the health facility
 - no offensive odor from toilets, cabinets, etc.
 - no garbage or “*kalat*” even inside cabinets and under tables
 - no mosquito or “*kiti-kiti*” breeding places
- Orderliness to be evidenced by the practice of 5S - sort, systematize, sweep, standardize, and self-discipline; no clutter, and; files or forms are easily accessible.



I-1

FS 2 The health facility is well-ventilated and well-lit.

Verification: Direct observation of the following:

- Illumination in the areas and rooms is sufficient to carry out daily activities and no special effort required in order to see well.
- The room temperature feels comfortable anywhere within the health facility.
- There is good inflow and outflow of air.

FS 3 The health facility has power source.

Verification: Check for the availability of regular electric power of at least six (6) hours a day through whatever source e.g. power lines, vehicle batteries, generator, solar, etc.

I-2

FS 4 The health facility has a permanent and adequate water supply.

Verification: Direct observation that water from taps or covered storage bins is available at all times.

I-3

FS 5 The health facility is free from structural hazards.

Verification: Direct observation of the following:

- There are no obstacles in the hallways or near entry and exit points.
- There are no protrusions or heavy overhead objects that may be a source of accidents.
- The floor is not slippery and there are no other possible hazards.

FS 6 The health facility has well defined, adequate and properly labeled areas to deliver basic services.

Verification: Direct observation of the following:

- Designated areas/room:
 - client registration and waiting area;
 - examination room for general consultation, treatment and counseling; and,
 - storage area.
- There is enough room for at least three persons in every area/room.
- Examination and counseling rooms have auditory and visual privacy.
- Waiting area is covered and has available seating.

FS 7 The health facility has a functioning and accessible toilet and hand washing facilities/basins (sink) for use of clients and health staff.

Verification: Direct observation of hand washing and toilet facilities and their adequate operation.

I-5

FS 8 The health facility has the required category of personnel delivering services consistent with their functions.

Verification: Interview the head of the facility to determine the staffing pattern and job responsibilities.

- For LGUs with a population of 2,000 or less: at least a midwife and an RSI
- For LGUs with a population between 2,000 and 5,000: at least a nurse and either a midwife or an RSI
- For LGUs with a population more than 5,000: at least a nurse, a midwife, a sanitary inspector for the catchment area (where appropriate) and a doctor rendering service for 40 hours a week based on service schedule and other documents e.g. DTR, attendance logbook, etc.

II B-1

FS 9 The health facility has the correct number of staff required to provide all services to their catchment area/estimated population, per national/WHO norms.

Verification: Based on the LGU's population, determine if the facility satisfies the following health staff to population ratios (based on Republic Act No. 1082: The Rural Health Act and subsequent amendments).

Category	LGU/Catchment Population	Personnel			
		Doctor	Nurse	Midwife	RSI
I	2,000 or less	-	-	1	1
II	2,001-5,000	-	1	1 ^a	1 ^a
III	5,001-10,000	1	1	1	1
IV	10,001-20,000	1	1	2	1
V	20,001-30,000	1	2	2	1
VI	30,001-40,000	2	2	2	2
VII	40,001-50,000	2	2	3	3
VIII	50,001 and over	2	4	4	3

a – either of the two

If there are two or more facilities in an LGU, the above shall apply to the facility's catchment population.

I-6

FS 10 The health facility has the basic functioning equipment, supplies and drugs/medicines available at all times.

Verification: Direct observation of the listed items with acceptable minimum stock levels maintained (See *Appendices A: List of Basic Instruments, Equipment and Supplies* and *B: List of Drugs and Medicines*). Validate direct observation through review of inventory/stock records, Target Client List (TCL), dispense to user record, drug dispensing logbook, utilization reports and other relevant documents.

I-7

<p>FS 11 The health facility has communication equipment available in the facility or has access to it.</p> <p>Verification: Check for the presence of any functioning communication equipment like 2-way radio, cellular phones, landlines etc. If there is none within the facility, it should have immediate access to this equipment.</p>
<p>FS 12 The health facility has on display an organizational chart, with photo of staff, showing lines of authority and position.</p> <p>Verification: Direct observation of organizational structure/chart displayed in a highly visible area.</p>
<p>FS 13 The health facility has on display the facility's clinic hours, a list of services provided with schedule, and whereabouts of staff.</p> <p>Verification: Direct observation of signages indicating clinic hours, services offered and the whereabouts of the staff. The signage for the clinic hours and services offered should be placed at the entrance to the health facility and visible to the public.</p>
<p>FS 14 The health facility has available copies of national laws, policies, protocols, guidelines, or manual of procedures.</p> <p>Verification: Verify the existence of copies of laws, policies, protocols, guidelines, or manual of procedures. See <i>Appendix C: List of DOH Standard Protocols, Policies and Guidelines</i> and <i>Appendix D: Outline of Standard Operating Procedure for Patient Care</i>.</p>
<p>FS 15 The health facility has a proper waste disposal system.</p> <p>Verification: Direct observation of garbage disposal. Check if waste is properly segregated into non-biodegradable, biodegradable and hazardous waste (sharps, infectious, etc.). Confirm that there is a mechanism in place (on-site or off-site) for proper disposal of hazardous waste.</p>
<p>B. Planning System</p>
<p>FS 16 The health facility has on display the statements of its Vision/Mission and health staff are aware of these statements and communicate these to clients.</p> <p>Verification: Direct observation of Vision/Mission of the health facility posted in a conspicuous place. Interview of three (3) health personnel as to their knowledge and understanding of the facility's vision and mission.</p>
<p>FS 17 There is an annual operations plan (AOP) or its equivalent that should include the core public health areas.</p> <p>Verification: Ask for a copy of the current year's city/municipal health AOP approved or noted by the local chief executive or equivalent official. Verify if the four (4) core public health areas are in the plan. Check the format if it has the following: an evidence-based situational analysis, goals and objectives, targets, strategies, activities, timeframe, resource requirement and responsible persons.</p>
<p>FS 18 The health facility has a system for tracking plan implementation.</p> <p>Verification: Interview health staff and ask the following:</p> <ul style="list-style-type: none"> ○ if they have a regular monthly or quarterly monitoring of activities conducted according to their plan. ○ if they conduct and have documentation of periodic program evaluation. ○ if there were/are any corrective measures instituted/to be instituted as a result of this tracking system.

C. Health Information System/Management Information System	
FS 19 The health facility has basic health and management information following FHSIS, Disease Surveillance and core programs recording and reporting protocols.	
<p>Verification: Review the following documents and check for completeness, accuracy and their timely submission (if applicable):</p> <ol style="list-style-type: none"> 1. FHSIS forms e.g. Target Client List, Summary Output Table, accomplishment report, including notifiable disease form, and 2. NTP Case Registry. <p>The required information/forms have been submitted/reported to the next higher level within the prescribed timeframe.</p>	II A-2
FS 20 The health facility utilizes the management/health information system to ensure the delivery of timely and appropriate services.	
<p>Verification: Review any one of the following documents showing actions taken in response to MIS/HIS findings:</p> <ol style="list-style-type: none"> 1. For planning: e.g. Situational Analysis section 2. For monitoring: e.g. EPI monitoring Charts, graphs for coverage, defaulter tracing (masterlist of defaulters) 3. For evaluation: e.g. Evaluation reports 4. For resource allocation: e.g. vaccine, contraceptives, medicines 5. For specific health interventions: e.g. case investigation report, mop-up report 6. For advocacy: e.g. IEC materials produced using FHSIS data, Minutes of Meetings 	
D. Human Resource Development	
FS 21 The health facility staff meets the required training requirements to deliver and manage the four (4) core public health programs.	
<p>Verification: There should be at least one (1) health staff trained in the required programs. Verify through the accomplished list of technical courses, <i>Appendix E: List of Basic Technical Courses for Health Staff by Core Public Health Programs</i>.</p>	I-10
E. Logistics System	
FS 22 The health facility has a system to identify, request and allocate the required drugs, equipment and supplies.	
<p>Verification: Choose one commodity from one of the four core public health programs and review the following records: RIVs or its equivalent, distribution list and utilization reports for that commodity.</p>	
FS 23 The health facility has a system for stock monitoring and maintenance of minimum stock level for logistic requirements of the four core public health programs.	
<p>Verification: Look for a stock monitoring system like Contraceptive Distribution and Logistic Management Information System (CDLMIS), Contract Distribution System (CDS), or any other system being used by the health facility (e.g. Contraceptive Order Form, detection of low stock level and timely re-ordering or notification thereof to the next higher level).</p>	
FS 24 The health facility has a clearly written policy (or procedures) on proper utilization of logistics and equipment that is being complied with by the health staff.	
<p>Verification:</p> <ol style="list-style-type: none"> 1. Look for a copy of the written policy (or procedures). 2. Review monthly consumption reports versus dispensing/issuance logbooks (focusing on vaccines, anti-tuberculosis drugs and cotrimoxazole and amoxicillin for acute respiratory infections). 	

FS 25 The health facility staff observes proper handling and storage of medicines, drugs, vaccines and other supplies.

Verification: Direct observation of the following:

- medicines, drugs and other supplies are properly arranged, labeled and stored.
- vaccines are correctly stored and arranged in the vaccine refrigerator. No other items other than vaccines should be found in the refrigerator. Check expiry dates and the refrigerator temperature (2° -8° C). Look for the temperature-monitoring chart if it is updated twice a day, the automatic voltage regulator (AVR) for the refrigerator and a “power failure” plan.
- disposal of immunization waste materials (specially used sharps placed in puncture-proof containers).
- inventory records with information on the expiration dates and lot/batch number of drugs, contraceptives, and other supplies.
- dispensing shelves without expired drugs/stocks on it.

II A-3

FS 26 The health facility has a designated person who conducts monthly inventory of drugs, medicines and supplies and has an annual inventory of instruments and equipment.

Verification: Review the following documents made by the designated person:

- Inventory report of drugs, medicines and supplies for the last three months and
- Last year's inventory of instruments and equipment.

F. Supervisory System

FS 27 The health facility has an appropriately trained person responsible for supervising health staff.

Verification: There should be a supervisor among the health staff trained in any supervisory course from any program, see *Appendix F: Training Courses With Supervision Content*. Review the training certificate or a certification by the trainer or the DOH. Review the health facility's organizational chart and job description of the designated supervisor. The job description should clearly state the supervisory role/responsibility.

I-11

FS 28 The health facility supervisor has a supervisory plan.

Verification: Review the supervisor's plan for the past quarter. The plan should have information on:

- calendar of supervision (date and program to be supervised)
- purpose of supervision
- who will be supervised

I-12

FS 29 The health facility supervisor uses the Sentrong Sigla Supervisory form.

Verification: Look for accomplished supervisory form/s based on the past quarter's plan. See *Appendix G: Sentrong Sigla Supervisory Form*.

II A-4

FS 30 The health facility supervisor uses effective supervisory approach.

Verification:

1. Check health facility supervisor supervisory forms for the following information:

- identification of problems
- identification of solutions
- implementation of solutions

IIA-5

2. Interview the supervisor and ask him/her to describe the following from last month's activity:

- what the issue/s was/were
- what actions were suggested
- what feedback was given (to supervisee and higher levels)

II B-2

FS 31 The health facility supervisor is perceived to be helpful and effective.

Verification: Interview at least one supervisee and ask if he/she feel their supervisor/s is/are helpful and effective.

G. Quality Assurance

FS 32 The health facility has a client feedback system in place.

Verification: Review documents that confirm the presence of a client feedback system within the health facility. These may include: self-administered questionnaire, focus group discussions, and client exit interviews.

FS 33 The clients are satisfied with the health services received.

Verification: Interview of three (3) clients as to their level of satisfaction with the services being rendered by the health facility. See *Appendix H: Questionnaire to Determine Client Satisfaction*.



II B-9

H. Community Support System

FS 34 The health facility has a network of volunteer health workers who assist in service delivery.

Verification: Review the following documents as proof of a network of volunteers:

- List of Barangay Health Workers (BHWs) trained in a DOH-recognized course
- List of registered BHWs in the LGU (list should show at least three [3] per barangay)
- One (1) BHW Activity Book showing at least one activity each on community organizing/mobilization, health education and service provision

II A-6

I. Referral System

FS 35 The health facility has a functional two-way referral and networking system for cases that exceed the health facility's capabilities.

Verification: Interview one (1) health staff and determine knowledge on the features of the referral system:

- Referral protocol
- Location and capabilities of referral facilities
- Agreement with referral facilities



II. INTEGRATED PUBLIC HEALTH FUNCTIONS (IPH) – Four (4) Core Public Health services: Safe Motherhood and Family Planning, Child Care, Prevention and Control of Infectious Diseases, and Promotion of Healthy Lifestyle

Goal: To ensure that the health facility and staff promote public health programs and prevent and control public health problems through direct patient/client care and support that are consistent, well-planned and well-executed.

A. Safe Motherhood and Family Planning (SF)

Goal: To ensure that the health facility and staff provide all women with preventive/promotive and clinical care before pregnancy, during pregnancy, delivery and postpartum according to DOH protocols and guidelines.

Goal: To ensure that the health facility and staff assist couples in making decisions regarding reproductive health choices and receive the method they decide to choose.

<p>SF 1 The health facility has plans and activities for pre-pregnancy preventive and promotive services for women of reproductive age (15-49 years old).</p> <p>Verification: Review plans and accomplishment report or other documents if these include activities for preventive and promotive services for non-pregnant women including activities for men in support of safe motherhood.</p>	
<p>SF 2 The health facility staff is able to provide appropriate prenatal care to pregnant women.</p> <p>Verification: Review Home-Based Maternal Record (HBMR) of three (3) pregnant women and assess for completeness and timeliness of care provided.</p>	II A-7
<p>SF 3 The health facility midwives are able to provide appropriate natal care.</p> <p>Verification: Review the partograph of two (2) women-clients who delivered within the last six (6) months to determine if progress of their labor were monitored and charted. In the absence of a partograph, look for any charting of labor that monitors cervical dilatation, uterine contractions and fetal heart beat</p>	
<p>SF 4 The health facility staff has a system to detect defaulters in prenatal and postpartum care.</p> <p>Verification: Check Target Client List (TCL) and look for marks on defaulters and the actions taken.</p>	
<p>SF 5 The health facility staff is able to provide appropriate postnatal care.</p> <p>Verification: Review HBMR of one (1) woman who delivered within the past six (6) months and assess completeness and timeliness of care provided.</p>	II A-8
<p>SF 6 The health facility midwives are able to detect and manage complications of pregnancy at various stages.</p> <p>Verification: Review Target Client List (TCL) or daily consultation logbook and look for three (3) cases identified with any of the following danger signs of pregnancy and determine if cases were properly managed according to the DOH Midwives' Manual on Maternal Care:</p> <ul style="list-style-type: none"> ○ any type of vaginal bleeding ○ headache, dizziness, blurred vision ○ puffiness of the face and hands ○ being pale or anemic 	II A-9
<p>SF 7 The health facility staff reviews maternal deaths.</p> <p>Verification: Look for written standard operating procedures on reviewing maternal deaths. It should contain information on the following:</p> <ul style="list-style-type: none"> ○ objective ○ scope ○ process ○ responsible person/s ○ forms to be used 	
<p>SF 8 The health facility staff encourages pregnant women to have their family support them in proper maternal nutrition, physical activities, and planning for her labor and delivery.</p> <p>Verification: Interview two (2) women-clients who are undergoing prenatal care or have delivered within the past six (6) weeks. Ask if the health facility staff encouraged her to involve her family in maternal care e.g. assistance of the family for her proper maternal nutrition; physical activities; planning for her labor and delivery, and; emergency transport.</p>	

<p>SF 9 The health facility staff conducts community level activities and advocacy campaigns on safe motherhood to include family planning.</p> <p>Verification: Review documentation of at least two (2) community activities and campaigns to encourage pregnant women for the ff:</p> <ul style="list-style-type: none"> ○ to come for early and regular prenatal care (at least one visit for the 1st trimester, one for the 2nd trimester, and 2 for the last trimester) ○ proper maternal nutrition ○ promotion of healthy lifestyle ○ tetanus toxoid vaccination ○ child spacing ○ fertility awareness ○ voluntary blood donation <p>Documentation may be any of the ff: the program of activities, visual aids, pictures of clients attending actual activities, lesson/session plans, minutes of meetings and narrative reports.</p>
<p>SF 10 The health facility staff has a positive attitude towards family planning and responsible parenthood.</p> <p>Verification: Interview three (3) health facility staff (doctor, nurse or midwife) to assess their attitude on family planning and responsible parenthood. Use <i>Appendix I: Questionnaire to Assess Health Staff Attitude on Family Planning & Responsible Parenthood</i>.</p> <p style="text-align: right;">II B-4</p>
<p>SF 11 The health facility staff provides clients information on family planning.</p> <p>Verification: Interview one (1) health staff (doctor, nurse or midwife), one (1) family planning user and one (1) non-family planning user (15-49 years of age) using <i>Appendix J: Questionnaire on the Provision of Information on Family Planning</i>.</p> <p style="text-align: right;">II B-5</p>
<p>SF 12 The health facility staff provides family planning services to clients/couples according to their reproductive health intentions or refers them to appropriate facilities.</p> <p>Verification: Review FP Form 1 or client records of three (3) family planning current users for at least six (6) months (one [1] on pills, one [1] on DMPA, and one [1] on IUD). Check for appropriateness of the services provided based on criteria using <i>Appendix K: Contraindications to the Use of Selected Family Planning Methods</i>.</p> <p style="text-align: right;">II A-10</p>
<p>SF 13 Couples currently using family planning methods are using the method correctly.</p> <p>Verification: Interview three (3) couples/clients (one [1] pill user, one [1] IUD user and one [1] NFP user) currently using an FP method for at least six (6) months. Assess if they are using the method correctly. Use <i>Appendix L: Questionnaire on Client's Use of Family Planning Method</i>.</p> <p style="text-align: right;">II B-10</p>
<p>SF 14 The health facility staff provides FP counseling/services to couples in the community to include information on a wide range of FP methods.</p> <p>Verification: Interview one (1) health staff (doctor, nurse or midwife) and one (1) volunteer health worker and ask what community-based or home-based FP counseling/services they provide. Use <i>Appendix M: List of Community/Home-based Family Planning Services</i>.</p> <p style="text-align: right;">II B-6</p>

B. Child Care (CC)

Goal: To ensure that the health facility and staff provide all children 0-18 years old with the essential preventive care package according to DOH protocols and guidelines.

CC 1 The health facility staff is doing active masterlisting of infants (0-11 months old).

Verification: Review Target Client List (TCL) of 0-11 months old infants and check for monthly entries of births and infants transferred into the catchment area. Interview two (2) midwives or nurse and ask how they gather and transfer in the names of children delivered by other midwives, hilots and from hospitals and private clinics.

CC 2 The health facility staff provides appropriate newborn care.

Verification: Interview two (2) midwives as to the newborn care services they provide. Newborn care services should include the following:

- APGAR (Appearance, Pulse/heart rate, Grimace/sneeze, cough, Activity, Respiratory rate)
- complete physical examination
- anthropometric measurements (weight, length, head, chest and abdomen circumference)
- Crede's prophylaxis
- cord care
- vitamin K injection (1 mg IM)
- latching on and advice on exclusive and extended breastfeeding
- keeping baby warm
- referral (for sick newborn)
- resuscitation (when needed)
- issuance of ECCD/GMC card
- birth registry

CC 3 The health facility staff vaccinates infants according to the DOH immunization schedule.

Verification: Check Target Client List (TCL) of 0-11 month old infants and select two (2) infants who most recently turned one (1) year old. Check if the vaccines were given according to schedule by using *Appendix N: Immunization Schedule for Infants* and a standard calendar.

II A-11

CC 4 The health facility staff follows-up infant immunization defaulters.

Verification: Check Target Client List (TCL) if infant immunization defaulters for the last 12 months are marked and ask about actions taken.

CC 5 The health facility staff provides appropriate child nutrition services.

Verification: Randomly select three (3) mothers/caregivers with 2-3 year-old children. Interview them on their knowledge about child nutrition using *Appendix O: Questionnaire to Determine Knowledge of Mothers/Caregivers on Child Nutrition*.

II B-11

CC 6 The health facility staff provides the following preventive and promotive child care services:

- Oral health (e.g. tooth brushing, sealant, fluoridization, annual dental check-up)
- Monitoring and stimulation of psychosocial development
- Auditory and visual screening

Verification: Interview at least one (1) health staff and ask him/her what preventive and promotive services are provided to children 4 to 9 years old.

<p>CC 7 The health facility staff provides children 10-18 years old the following appropriate information:</p> <ul style="list-style-type: none"> ○ Healthy diet and physical activity ○ Disease prevention and control ○ Dangers of drugs, tobacco and alcohol ○ Fertility awareness ○ Awareness on physical, emotional and sexual abuse <p>Verification: Interview at least one (1) health staff to determine activities that provide any of the above information within and out of the health facility. Review documentary evidence like pictorials, program of activities, list of topics and participants, lesson/session plan or minutes of meetings.</p>
<p>Goal: To ensure that the health facility and staff assess and treat all sick children 0-5 years old according to DOH protocols and guidelines.</p>
<p>CC 8 The health facility staff knows the standard protocol for management of sick children.</p> <p>Verification: Interview three (3) health staff (doctor, nurse or midwife) using <i>Appendix P: Questionnaire to Determine Health Staff Knowledge on Protocol for Management of Sick Children</i>.</p>
<p>CC 9 The health facility staff correctly assesses, classifies, treats sick children and gives advice to mothers/caregivers.</p> <p>Verification: For ARI cases: Review the FHSIS Monthly Form or Quarterly Consolidation Table (Part III-A. Child Care) and verify that all pneumonia cases had been given Cotrimoxazole. For diarrhea cases: Review the FHSIS Monthly Form or Quarterly Consolidation Table (Part III-A. Child Care) and verify that all diarrhea cases received ORS.</p>
II A-12
<p>C. Prevention and Control of Infectious Diseases (IPC)</p> <p>Goal: To ensure that the health facility and staff prevent and control infectious diseases in the community through early detection and management, surveillance and community interventions according to DOH protocols and guidelines.</p>
<p>IPC 1 The health facility staff has appropriate knowledge of the basic concepts and principles of prevention and control of infectious diseases.</p> <p>Verification: Interview one (1) midwife and Rural Sanitary Inspector (RSI) to verify knowledge on prevention and control of commonly encountered infectious diseases in the community by using <i>Appendix Q: Questionnaire to Determine Health Staff Knowledge on Infectious Diseases</i>.</p>

IPC 2 The health facility staff is able to identify and manage infectious diseases.

Verification: For TB use NTP registry to select three (3) patients, preferably from different categories. Retrieve and review the treatment card and check if correct procedure followed for basis for categorization, including any shift of category. Check for proper allocation of drugs per patient using the drug requirement per patient per category by looking for the patient-assigned envelope or box.

II A-13

For other diseases, choose one (1) disease. Using the protocol in the supervisory form, do the following:

- For dengue: retrieve one (1) patient record. Check identification and management based on protocol.
- For malaria: use the malaria masterlist of positive cases and select three (3) positive cases (*falciparum*, *vivax* and mixed). Retrieve treatment card and review appropriateness of management.
- For schistosomiasis: using the masterlist of eligible population, check service coverage for mass treatment.
- For rabies: If an animal bite center review the animal bite record for correctness of categorization. Then select three (3) cases from different categories and review appropriateness of management per category. If not an animal bite center, retrieve one patient record. Check identification and management based on protocol.
- For filariasis: check filaria masterlist and select one (1) case of infected microfilaria positive and one (1) case of chronic stage (with enlargement of extremities, breast, vulvar enlargement, scrotum and penis) and check correctness of management.
- For reproductive tract infection (RTI): review daily sexually transmitted disease (STD) masterlist. Select one (1) case each of chlamydia, gonorrhea, and bacterial vaginosis and retrieve the individual client record. Check for correctness of management according to protocol.

IPC 3 The health facility staff employs strategies aimed at infection prevention and control at the community level.

Verification: Review documentation of community-level strategies and activities in the prevention and control of Tuberculosis and one (1) other infectious disease (dengue, malaria, schistosomiasis, rabies, filariasis and reproductive tract infection). See *Appendix R: DOH Recommended Community-Level Strategies in the Prevention and Control of Infectious Diseases* for the DOH list of recommended effective strategies by disease.

II A-14

D. Promotion of Healthy Lifestyle (HL)

Goal: To ensure that the health facility and staff provide services for the promotion of healthy lifestyle to all clients in the facility and to the community in general according to DOH protocols and guidelines.

HL 1 The health facility staff has a good attitude on healthy lifestyle and recognizes and accepts the value of healthy living.

Verification: Interview one (1) health staff by using *Appendix S: Questionnaire to Determine Health Staff Attitude on Healthy Lifestyle*.

HL 2 The health facility staff knows and communicates what is healthy lifestyle in terms of diet, physical activity, smoking and alcohol abuse.

Verification: Interview one (1) midwife to give and explain one (1) key message that the client should know about diet, physical activity, smoking, and alcohol abuse. Use *Appendix T-1: Questionnaire to Determine Health Staff's Knowledge on Basic Messages for the Promotion of Healthy Lifestyle*.

II B-7

<p>HL 3 The health facility staff conducts health education and other activities to promote healthy lifestyle with community participation.</p> <p>Verification: Review documentation on the implementation of the healthy lifestyle activities and other documentation of health facility activities (health education, bench conferences, mothers' classes, school-based activities, community assemblies and others) that have been done to promote healthy lifestyle within the past month. Preferably, documentation should include the number of participants, content of input provided, pictures if any, etc.</p>	II A-15
<p>HL 4 The health facility staff provides counseling and other support services to identified at-risk clients to modify and improve their lifestyle.</p> <p>Verification: Interview one (1) client with any of the following risks; obesity, physical inactivity, tobacco use and alcohol abuse to see if they received appropriate counseling and support. Use <i>Appendix U: Health Messages by Risk</i> for reference.</p>	
<p>HL 5 Clients know the difference between healthy and unhealthy lifestyle.</p> <p>Verification: Exit interview any three (3) clients who have received any service (10 years old and above coming for any service) and determine their knowledge of one (1) basic message on any of the following: diet, physical activity, smoking or alcohol abuse using <i>Appendix T-2: Questionnaire to Determine Client's Knowledge on Basic Messages for the Promotion of Healthy Lifestyle</i>.</p>	
<p>III. BASIC CURATIVE SERVICES FUNCTION (BC)</p> <p>Goal: To ensure that the health facility and staff provide basic curative services that consist of primary level outpatient and emergency care for commonly encountered non-program diseases in the community that are consistent, well-planned and well executed.</p>	
<p>BC1 The health facility has written standard operating procedures (SOP) on the provision of basic curative services.</p> <p>Verification: Review written SOP for basic curative services if it indicates procedures recommended in <i>Appendix D: Outline Standard Operating Procedure for Patient Care</i>.</p>	
<p>BC 2 The health facility staff obtains and performs a thorough and systematic clinical history and physical examination on all clients who come to the health facility.</p> <p>Verification: Using the daily consultation logbook, look for any one of the following cases: asthma, diabetes mellitus, hypertension, skin disease, status epilepticus, acute glomerulonephritis or urinary tract infection. Review the accomplished medical record if it indicates pertinent information based on the patient's chief complaint using the SOAP format. Use <i>Appendix V: Basic Curative Services Sample SOAP Format</i>.</p>	II A-16
<p>BC 3 The health facility staff uses existing and accepted treatment algorithms to provide basic curative services.</p> <p>Verification: Using the disease selected in BC 2 determine if the diagnosis done and treatment given were based on accepted algorithms. Refer to <i>Appendix W: Decision Trees/Algorithms</i> for examples.</p>	

IV. REGULATORY FUNCTIONS (RF)

Goal: To ensure that the health facility and staff support and provide an environment to prevent, reduce and control risks and hazards to the community they serve and maintain safe conditions as mandated by health laws and regulations.

RF 1 The health facility has knowledgeable and qualified personnel in-charge of implementing the relevant health laws/regulations.

Verification: Interview head of facility regarding assignments of staff-in-charge of the Milk Code, Generics Act, Voluntary Blood Services Act and if there is an RSI in-charge of the Sanitation Code and/or Asin Law.

Interview one (1) of the assigned staff using *Appendix X: Questionnaire to Determine Health Staff Knowledge on Public Health Regulations*.

II B-8

RF 2 The health facility staff is involved in the passage of local health ordinances that are consistent with DOH policies and guidelines particularly concerning dengue rabies and other endemic infectious diseases.

Verification: Review proofs that the health facility staff has been involved in the initiation/drafting/advocacy for the passage of local health ordinances. Proofs may include: letters or recommendation/endorsement, minutes of meetings, committee reports, records of public hearings, copy of actual ordinance, etc. Check if the local ordinance/s is/are consistent with DOH policies and guidelines.

RF 3 The health facility has written standard operating procedures/protocols in place to implement national and local health laws/regulations.

Verification: Look for copies of the facility's written standard operating procedures/protocol related to the implementation of the Sanitation Code, Asin Law, Milk Code, Generics Act/ Philippine National Drug Formulary (latest version), Voluntary Blood Services Act and local ordinances (when relevant).

Review one (1) SOP and check for presence of elements of an SOP using *Appendix Y: Elements of a Standard Operating Procedure*.

RF 4 The health facility staff demonstrates compliance with specific health laws.

Verification: Do the following to verify compliance:

- Generics Act & PNDF
 - Review three (3) Individual Treatment Records (ITRs) or the consultation logbook for compliance to generic prescriptions and PNDF.
 - Review Requisition Issuance Voucher (RIVs), or its equivalent, of drugs requested for procurement by the facility and check if drugs listed are found in the PNDF.
- Milk Code
 - Go around the facility to see that there are no IEC materials or promotional products supplied or sponsored by milk product companies.

II A-17

RF 5 The health facility staff monitors their regulatory activities.

Verification: Review documentation or activity reports for the following:

- ASIN Law (quarterly salt testing list)
- Sanitation Code (annual list of food establishments inspected)
- Voluntary Blood Services Act (annual list of blood donors)